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APPLICANTS

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** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 22	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

20350

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94111-3834

TITLE

Money transfer evaluation systems and methods

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